

DAVE HEINEMAN  
Governor

BRUCE R. RAMGE  
Director

CONSUMER AFFAIRS DIVISION  
**COMPLAINT QUESTIONNAIRE**

Complaint Made By: ☐ Mr. ☐ Mrs. ☐ Ms.  
\_\_\_\_\_  
(Print Last Name) (First Name) (Middle)

Home Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Home Phone Number: ( ) Work Phone Number: ( )

**PLEASE CIRCLE INSURED'S AGE GROUP:** <25 25-49 50-64 65+

Complaint is Directed Against: \_\_\_\_\_  
(Will generally be an Insurance Company or Producer)

Policy Type: ☐ Life ☐ Health ☐ Auto ☐ Property ☐ Other \_\_\_\_\_

Policyholder: \_\_\_\_\_ Agent or Adjuster: \_\_\_\_\_  
(Circle One)

Policy or Claim #: \_\_\_\_\_ Date of Loss: \_\_\_\_\_  
(Circle One) (If Claim)

**Summary of Complaint:** Please itemize and specifically discuss each problem. Copy of complaint will be sent to company/producer.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(An additional page should be used if necessary.)

The State Tort Claims Act provides that neither the staff nor State of Nebraska may be held liable for consequences that flow from our efforts to request payment because such efforts are discretionary acts.

**If a health or injury claim is involved, the following must be completed:**

For investigative purposes, the release of medical information pertaining to \_\_\_\_\_ is authorized.  
(Name)

I acknowledge that such information may be shared with other governmental agencies in order to pursue an investigation of this matter.

Date: \_\_\_\_\_ Signature \_\_\_\_\_

941 O Street, Suite 400 ♦ PO Box 82089 ♦ Lincoln, NE 68501-2089  
Phone 402-471-2201 ♦ Fax 402-471-6559 ♦ TDD 1-800-833-7352  
ConsumerToll-Free Hotline 1-877-564-7323 ♦ <http://www.doi.ne.gov>